

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

WRAMC Regulation
No. 40-20

12 Aug 2002

Medical Services
SELF-MEDICATION PROGRAM

1. History

This policy is a version of the previous policy. The changes have not been highlighted.

2. Purpose

This regulation establishes the procedure for proper use of medication at bedside by patients.

3. Applicability

This regulation is applicable to all Clinical Departments and Services at Walter Reed Army Medical Center (WRAMC). As such all military, civilian and contract personnel with direct inpatient responsibilities will conform to the enclosed policies and procedures.

4. Reference

- a. AR 40-3, Medical, Dental, and Veterinary Care, 28 Jan 2002.
- b. AR 40-66, Medical Records Administration and Health Care Documentation, 3 May 99.
- c. WRAMC Regulation 40-21, Drug-Nutrient Interactions, 20 May 02.
- d. WRAMC Regulation 40-82, Medication Ordering, Administration, and Documentation, 20 Jun 2002.
- e. Accreditation Manual for Hospitals from the Joint Commission on Accreditation of Healthcare Organizations, 2002.

5. Definitions

- a. Mediset: A plastic container with divided compartments for medication.
- b. Self-Administration: Patient administers own medication on appropriate schedule.
- c. Self-Medication: Allowable self medications in this program will include oral tablets and capsules, liquid in multi-dose containers, eye and nose drops, metered dose inhalers, transdermal patches, and injectables as determined by the physician and pharmacists. Controlled substances are not included in this program.

6. Responsibilities

a. Physician will:

- (1) Identify patients to be entered into the self-medication program. Patients selected must meet criteria as outlined in paragraph 8.a.

*This regulation supersedes WRAMC Regulation 40-20 dated 1 October 1996.

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(2) Write an appropriate order in the in the Clinical Information System (CIS). The order must include the name, strength, and dose of the medication to be self-administered. "Patient may take own med(s)" is not considered a legitimate order.

b. Department of Pharmacy personnel will:

(1) Enter prescription(s) into the Composite Health Care System (CHCS) Ambulatory Care Pharmacy for each medication.

(2) Assist with the identification of medications brought to the hospital by patient. Pharmacy personnel may physically inspect the medication to ensure proper identification, dose, route, and quality.

(3) Provide medication counseling and information sheets to patient as appropriate and annotate counseling in the patient's record.

(4) Participate in the discharge planning conferences conducted on the wards.

(5) Annotate in the medical record any counseling and inspection of medications.

c. Department of Nursing personnel will:

(1) Participate in the identification of patients for the program.

(2) Coordinate with Department of Pharmacy about patient participation in the Self-Medication Program and medication requirements.

(3) Annotate the medication administration record when the dose has been administered.

(4) Document completion of medication related teaching and patient understanding of medication-related instructions in the integrated assessment notes in CIS.

7. Policy

Self-administration of medications by patients is permitted only in special cases with a specific written order by an authorized prescribing practitioner responsible for the patient. Indications for inpatient self-medication include reinforcement of self-medication teaching and/or use of off-formulary medications brought to the hospital by the patient. To insure patient safety and consideration of drug - drug and drug - nutrient interactions, it is imperative that all medications taken by patients are known to the physician, pharmacy and nursing staff personnel. No patients on Ward 54 (inpatient psychiatry) are allowed to participate in this program.

8. Procedures

a. Patients identified for the self-medication program must meet the following criteria:

(1) Patient is stabilized on medications.

(2) Patient demonstrates an ability to understand and will be compliant with the self-medication program.

(3) Patient exhibits a well defined need for the program, for example, renal transplant patient who must learn to self-administration of a complex medication regimen.

b. The physician will document in CIS, "Self Medication Program" and indicate each medication to be self-administered, to include dose, route, and schedule. The required prescription will be entered into CHCS by the provider in the Outpatient record.

c. Medications will be dispensed in a regular prescription container. In special situations, a Mediset will also be provided to assist the patient. This will be coordinated between nursing and pharmacy personnel.

d. Nursing personnel will review self-medications with the patient for correct medication, dose, route, and frequency until proper technique/compliance has been observed. Patients will then self-medicate in accordance with ward policy.

(1) When ward policy directs that the medication is to be kept in the medication cart, the following procedures will be followed:

(a) The patient will come to the medication cart at the appropriate time and select the medication from the drawer with the nurse's assistance/supervision.

(b) The patient informs nursing when medication is taken, for documentation in the CIS Medication Administration Record (MAR).

(c) After administration, the Registered or Licensed Practical Nurse responsible for completing the patient's medication administration record will initial next to the name of the medication in CIS medication documentation and write in "self."

(2) When ward policy directs that the medication is to be kept at bedside, the patient will be reminded of the frequency and dose, and will be instructed to keep the medication in the bedside stand. Procedure 8.d. (1)(a) and (c) above will then be followed.

(3) If a medication is changed, discontinued, or a new medication is added, the appropriate order must be written in CIS and entered by pharmacy into CHCS outpatient pharmacy. Nursing will coordinate with pharmacy for delivery of new medications. In the event that the change or new medication is added during non-duty hours, medication will be unit doses and handled as such until the Ambulatory Care Pharmacy is available. In the event of a new or changed medication, the patient must satisfactorily meet the objectives of the teaching program prior to self-medication. If discontinued, the nurse must ensure that the patient turns in all unused medication, document that the medication was discontinued, and the unused portion is returned to pharmacy.

(4) Discharge plans should include having prescriptions available 24 hours prior to anticipated date of discharge. This should be coordinated between the physician, nursing and pharmacy personnel.

(5) Patients who are unable to continue the self-medication program may be removed at any time with a written physician's order. Subsequent medications will be dispensed in unit dose until an order is written to return the patient to the self-medication program.

h. Medications brought into the hospital by patients may be utilized in the self-medication program. It is a joint team responsibility to identify all medications brought into the hospital. Pharmacy personnel will physically inspect the medication to ensure proper identification, dose, route, and quality. Medication not appropriate for the self medication program will either be returned home with the family members or taken to pharmacy for disposal.

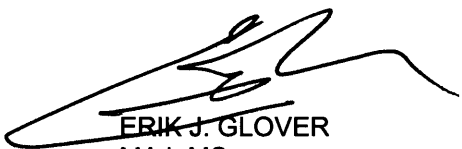
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The proponent agency of this publication is the Department of Pharmacy. Users are invited to send suggestions and comments on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-RX, 6900 Georgia Avenue N.W., Washington, DC 20307-5001.

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